

012
MAY 09 2006
PATENT & TRADEMARK OFFICE

\$AR/lfw

Please type a plus sign (+) inside this box [+]

Patent and Trademark Office: U.S. Department of Commerce

0004 PTO
U.S. Department of Commerce
Rev. 10/95 Patent and Trademark Office

Application Number	10/630,612
Filing Date	07/30/2003
First Named Inventor	Norihiko Furuta
Group Art Unit	3754
Examiner Name	James F. Hook
Attorney Docket Number	488-00057

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of pages in this Submission 10

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☒ Fee Attached
- ☒ Amendment
- ☒ After final
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement/PTO-1449
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts Under 37 1.52 or 1.53

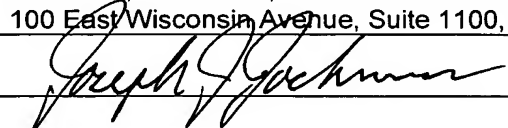
- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Checklist and Accompanying Petition
- ☐ To Convert a Provisional Application
- ☐ Power of Attorney, Revocation, Change of Correspondence Address
- ☒ Terminal Disclaimer

- ☐ After Allowance Communication To Group
- ☐ Appeal Communication to Board Of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Additional Enclosure(s) (Please identify below)

Return receipt postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Joseph J. Jochman, Reg. No. 25,058 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	April 28, 2006

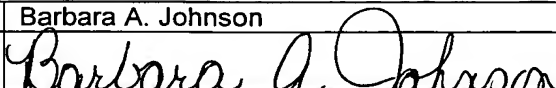
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

April 28, 2006

Typed or printed name Barbara A. Johnson

Signature



Date 04/28/2006



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**\$250.00****Complete if Known**

Application Number	10/630,612
Filing Date	07/30/2003
First Named Inventor	Norihiko Furuta
Examiner Name	3754
Art Unit	James F. Hook
Attorney Docket No.	488-00057

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Scealess, Starke & Sawall, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20	=	x	=	\$0.00		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3	=	x	=	\$0.00		
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	=	/ 50 =	(round up to a whole number) x	= \$0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension Fee and Terminal Disclaimer Fee

\$250.00

SUBMITTED BY

Signature	<i>Joseph Jochman</i>	Registration No. (Attorney/Agent)	25,058	Telephone	414-271-7590
Name (Print/Type)	Joseph J. Jochman			Date	04/28/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.